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CONFIRMATION NO. 6842

SERIAL NUMBER 10/799,917	FILING OR 371(c) DATE 03/15/2004 RULE	CLASS 707	GROUP ART UNIT 2169	ATTORNEY DOCKET NO. G1841-908385US01					
APPLICANTS Sean Ward, Alexandria, VA; Isaac Richards, Willoughby, OH;									
** CONTINUING DATA ***** This appln claims benefit of 60/454,329 03/14/2003 A.C									
** FOREIGN APPLICATIONS ***** <div style="display: flex; justify-content: space-between;"> None A.C </div>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 05/29/2004									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Ann Chompakaew AC</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div> </td> <td style="width: 15%; padding: 5px; text-align: center;"> STATE OR COUNTRY VA </td> <td style="width: 15%; padding: 5px; text-align: center;"> SHEETS DRAWING 3 </td> <td style="width: 15%; padding: 5px; text-align: center;"> TOTAL CLAIMS 9 </td> <td style="width: 10%; padding: 5px; text-align: center;"> INDEPENDENT CLAIMS 2 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Ann Chompakaew AC</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div>	STATE OR COUNTRY VA	SHEETS DRAWING 3	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
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ADDRESS 181									
TITLE System and method for fingerprint based media recognition									
FILING FEE RECEIVED 450	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px; vertical-align: top;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: </td> <td style="width: 40%; padding: 5px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			
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